



Healthy People in Healthy Communities
www.vdh.virginia.gov

Instructions for licensed or permitted onsite
sewage system maintenance providers to
access and use the Virginia Department of
Health (VDH) Maintenance portal (MyHD)

July 2023

Version 3.0

***** VERY IMPORTANT! ***** This software was developed and optimized for use only with the Chrome web browser. This document will be updated as needed.

Creating a New VDH My Health Department (MyHD) Account

Navigate to the MyHD landing page using the following URL: <https://myhealthdepartment.com/virginia/>



To register a new account, click on the “signing up” hyperlink as indicated by the red arrow shown above (for returning users, see instruction provided below under the section “*Logging into an existing VDH MyHD Account*”). **Note:** Only licensed operators, licensed installers, or permitted sewage haulers can create a MyHD account and submit conventional septic system maintenance. Additionally, only a Master Alternative Onsite Sewage System Operator with a valid license can submit AOSS Operation and Maintenance reports. Please do not use company credentials to create the account.

Register

Use the form below to create an account with My Health Department. Companies will need to set up individual accounts for each onsite sewage system operator license holder, as this information will be tied to the expiration date of the license.

If you already have an account you can [login here](#).

[1] Enter your information in the appropriate fields as it appears on your DPOR license or VDH sewage hauler permit. If applicable, use the same email as the account for your third-party platform outside of the MyHD portal.

[2] "Confirm You're a Real Person" by selecting the box next to "I'm not a robot" and completing the required tasks.

[3] Hit the submit button.

1

Company Name
Enter a value for Company Name

First Name
Enter a value for First Name

Last Name
Enter a value for Last Name

Email Address
Enter a value for Email Address

Cell Number
Enter a value for Cell Number

License/Permit Number
Enter a value for License/Permit Number

Password
Enter a value for Password

Confirm You're a Real Person

2 I'm not a robot  reCAPTCHA
Privacy - Terms

3 Submit

After you hit submit, you will then be taken to the welcome page and should see your name confirming you logged into your account.



[Dashboard](#) [Account](#) [Logout](#)

VDH VIRGINIA DEPARTMENT OF HEALTH
Virginia Department of Health
109 Governor Street Richmond, Virginia 23219. | [Visit Official Website](#)

Welcome Megan!

Last logged in 06/23/2023

Maintenance Report Submission

VDH VIRGINIA DEPARTMENT OF HEALTH

You are currently viewing and interacting with
Virginia Department of Health.

***** VERY IMPORTANT! ***** Creation of a “ (MyHD)” account alone does not allow for submission of reports through “My Health Department” website.

VDH staff must verify (MyHD) accounts are in use by septic system maintenance providers and take additional steps to finalize the MyHD account for use. Maintenance providers should have one of the following: an unexpired operator license on file with the Virginia Department of Professional and Occupational Regulation (DPOR), an unexpired installer license on file with DPOR, or an unexpired sewer hauler permit issued by VDH.

After creation of a MyHD account, all operators must send an email with their license and contact information to VDH staff at the following email address: ehdministrators@vdh.virginia.gov . **This includes users who submit reports through an API connection to a third-party platform outside of the MyHD portal.**

To ensure your account is processed in a timely manner, please ensure all of the following information is included in your email and, if possible, **include a picture of your valid DPOR license or VDH sewage hauler permit:**

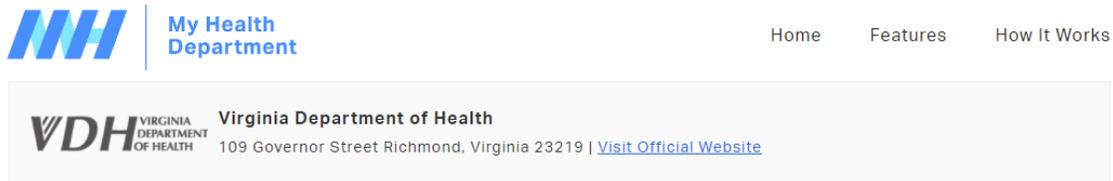
- Your first and last name as it appears on your DPOR license or VDH sewage hauler permit.
- The license/permit number of your DPOR license or VDH sewage hauler permit.
- The name of the organization you work for.
- The email address used to create your MyHD user account (See the instructions above for “*Creating a New VDH My Health Department (MyHD) Account*”)

Once VDH staff receives your information, they will verify records with DPOR/VDH and then grant access to your MyHD account to submit maintenance reports. This process may take between 24-48 hours. VDH staff will then send an email to the address the operator provides to confirm their account has been granted access to submit reports.

If you are still unable to submit reports 48 hours after receiving the confirmation email, contact VDH at ehdministrators@vdh.virginia.gov to request assistance.

Logging into an existing VDH MyHD Account

Navigate to the main page (<https://myhealthdepartment.com/virginia/>) and click the “logging in here” link as highlighted below.



The Mission of the Virginia Department of Health is to protect the health and promote the well-being of all people in Virginia. The agency's vision statement is "Become the healthiest state in the nation."

Currently, this portal is only for licensed Master Onsite Sewage System Operators to submit O&M reports and make payment, and not for any other license holders. In order to submit O&M reports, the operator must create an account. You can do so by [signing up](#) or accessing an existing account by [logging in here](#).



Login

Use the form below to login to your MyHD account.

Need an account? [Register here](#) | Forgot your password? [Reset here](#)



Enter the email address [1] and password [2] previously created for the account, and click "Submit" [3].

Email Address

 1

Password

 2

Submit 3

You will then be taken to the welcome page and should see your name confirming you logged into your account.

If you **forget your password**, select the "Reset here" link on the Login page as shown by the highlight in the screenshot above, and follow the instructions to reset your password.

Updating Account Information

If you need to update any of the information associated with your maintenance portal account, click the "Account" link in the top right corner of the page.



My Health
Department

Dashboard

Account

Logout



Virginia Department of Health

109 Governor Street Richmond, Virginia 23219 | [Visit Official Website](#)

Enter any updated information into the appropriate fields, then click Submit.

Account Management

Update your account settings below

Company Name

First Name

Last Name

Email Address

Cell Number

License/Permit Number

Password

Submit

Submitting a New Report

***** VERY IMPORTANT! ***** The MyHD website has a timeout feature that will log you out if you are inactive for 30 minutes. If you start a report and walk away from the computer for more than 30 minutes without submitting the report, your work will be lost.

From the Welcome page, click the “Maintenance Report Submission” button to navigate to the report Submission page.



Once you are on the report Submission page, you can:

[1] View your “Prior Submissions” displayed in the table, print reports, and pay for any unpaid reports.

[2] Submit a new report by clicking on the “Submit a New Maintenance Report Submission” button.

1

Your prior submissions

	Visit Date	System Type	Visit Purpose	Owner Name	System Location	Physical County	Record Reviewed	Submitted On
	06/29/2023	Conventional		fn1	1 street1 suite city11	Testing	Pending Review	06/29/2023 08:46 AM 4 records submitted simultaneously via bulk upload
Expand 3 additional rows below								
	06/29/2023	Alternative	RoutineScheduled	ownername	9999 testing 629 suite3 city	Testing	Pending Review	06/29/2023 08:20 AM 2 records submitted simultaneously via bulk upload
Expand 1 additional rows below								

2

Submit a New Maintenance Report Submission

If you click the “Submit a New Maintenance Report Submission” and receive the error shown below, you may not have contacted VDH to activate your account yet or is a problem with your account. Please follow the instructions on the screen to contact VDH for assistance.

Your certification is either invalid or expired.

For further information, please contact VDH Office of Environmental Health Services at EHDministrators@vdh.virginia.gov (preferred) or via phone 804-864-7473.

***** VERY IMPORTANT! ***** There are two options for entering Maintenance report data through the MyHD portal:

1. Maintenance providers can utilize the “Enter Records Directly” interface designed like an online application form to give a user-friendly experience for doing manual data entry of one record at a time.
2. Alternatively, maintenance providers can utilize the “Data Wizard” for an interface designed more like a spreadsheet, which enables the pasting of multiple rows of data (i.e. reports) at one time, as long as the columns match the data requirements of the template fields.

Entering Records Directly (option #1)

Select “Enter Records Directly” to start the process of entering reports.



My Health
Department

[Dashboard](#)

[Account](#)

[Logout](#)



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Maintenance Report Submission

Utilize the Direct Entry or Data Wizard below to enter your data either by entering each report separately on the interface. Once complete, it will ask you to verify the information before submitting it. Once you have verified all the information is complete and accurate, the "Data Wizard" will close and you will need to click "Submit" below to submit your reports.

Enter Records Directly

Launch Data Wizard

Utilize the data entry fields to enter data for your first Maintenance report.

Enter Records Directly Launch Data Wizard

System Type

Select an Option

Select an Option
Alternative
Conventional

Bldg Number **Street Name**

Enter a value for Bldg Number Enter a value for Street Name

Suite / Apt **City**

Enter a value for Suite / Apt Enter a value for City

Physical County **Tax Map / GPIN**

Select an Option Enter a value for Tax Map / GPIN

Contractor Information

NOTE: The “System Type” and “Physical County” are critical fields. Users can submit either Alternative or Conventional system maintenance, and there are different data fields available for each. If you select the wrong option, your report will not be approved and you will need to submit the report again. For the Physical County field, your response in this field determines which Local Health District receives your submission. If your report data is sent to the wrong health district based on entry of an incorrect county, your report will not be approved and you will need to submit the report again using the correct Physical County.

Fields with red text are required. Maintenance providers must enter data into these fields in order for the system to accept their submission.

Enter Records Directly Launch Data Wiz

System Type

Select an Option

Select an Option
Alternative
Conventional

Bldg Number S

Enter a value for Bldg Number

Suite / Apt C

Enter a value for Suite / Apt

Physical County T

Select an Option

Conclusion

Laboratory/Formal Sample Results within Permitted Limits

Select an Option Comments
Enter a value

Certification of Inspection and Results

I hereby certify Date

Select an Option MM/DD/YYYY

Time

Note: Conclusion is required for AOSS maintenance reports only.

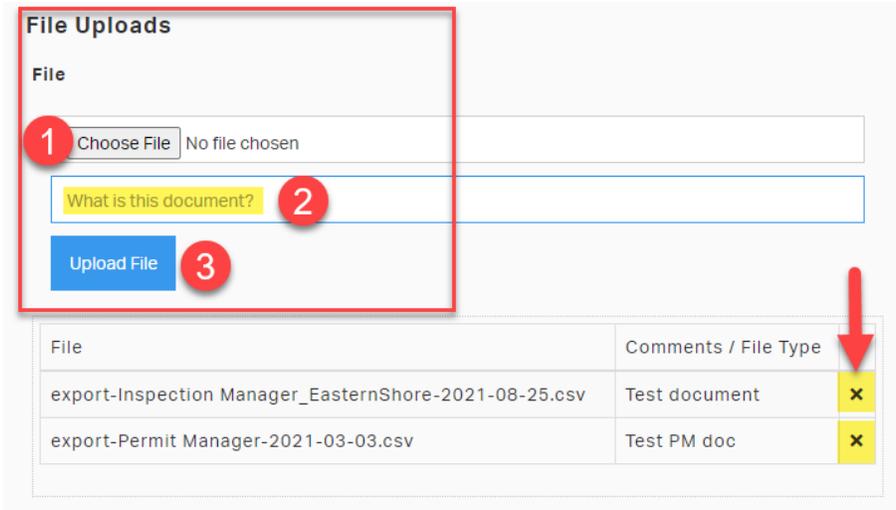
Maintenance Activity

Visit Date Vis

MM/DD/YYYY H

Visit Purpose Act

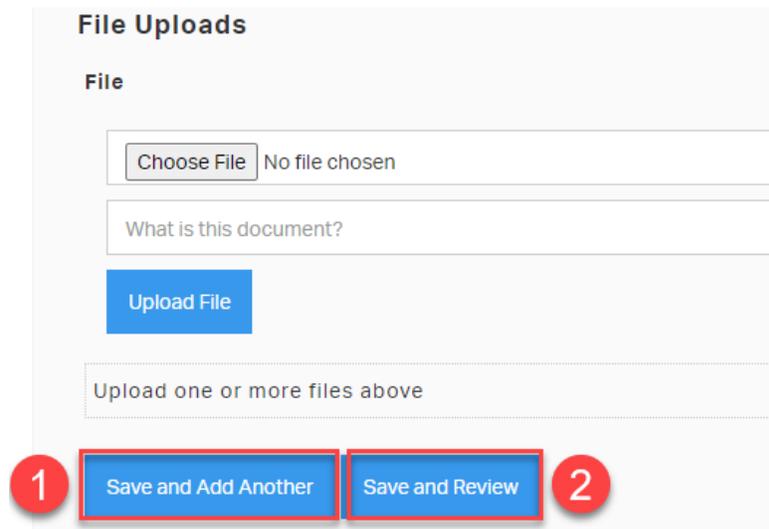
If you want to submit an electronic copy of your lab results or other relevant information to the report, you can utilize the “File Uploads” feature to [1] attach your file(s); [2] add a short description of what information the file contains; and [3] click the “Upload File” button. If you need to delete a file you attached, click the black “X” to the right of the filename as highlighted in the screenshot below. **NOTE: This feature is available for maintenance providers using the MyHD portal directly (example below), and for users who submit reports via an API connection.**



Once you have entered all the relevant data and reviewed it for accuracy, you can click:

[1] The “Save and Add Another” button to upload another report(s); or

[2] The “Save and Review” button to save the report you are currently working on and move to the Review/Payment steps. You will be taken to a page where you can review all of the reports you plan to submit to the VDH.



If you start a *draft* report and decide you want to move to the Review/Payment step ***without saving the report***, you can click the “Continue to Review” button. This clears the data from the current draft report, and takes you to a page where you can review all of the reports you plan to submit to the VDH.

NOTE: You will only see this option if you have already saved one or more reports as indicated by the yellow highlighted report record shown in the screenshot.

File Uploads

File

Choose File No file chosen

What is this document?

Upload File

Upload one or more files above

Save and Add Another Save and Review

Bldg Number: 767 Street Name/PO Box: Airport Ave Suite / Apt: City: Richmond

Continue to Review

The Data Review and Submission page:

- Shows the number of records you have temporarily saved in your work session, but not officially submitted; and
- Contains a scrollbar along the right side to review your record(s). Use this page to check the accuracy and completeness of the reports you entered. If you find a mistake in one of your reports, click the “Edit” button next to the report on the review page to go back to the data entry page and update your report.

From this page you can:

- Edit your record(s);
- Delete your record(s);
- Add Another Report; or
- Submit your record(s). If you have more than one report saved in your work session, they will be submitted in one batch.

Data Review and Submission

Below is the data you have currently entered for this session. Please review the information prior to clicking the “Submit” button. If you need to edit or delete any of your current records, or add other records, select the appropriate buttons below.

Enter Records Directly Launch Data Wizard Add Another Report 3

Bldg Number: 767 Street Name/PO Box: Airport Ave Suite / Apt: 1 Edit

City: Richmond Physical County: Testing Tax Map / GPIN: TMGPIN007 2 Delete

Operator ID: Company Name: VDH-Test License Number: 123456789

First Name: OEHS Middle Name: Last Name: DMPI Suffix:

Email Address: ehadministrators@vdh.virginia.gov Building Number:

Street Name/PO Box: Suite / Apt: City: State: Zip: County:

Phone: 999-999-9999 Owner Name: Owner Phone: Same as System Info?: YES

Owner Building Number: 767 Owner Street Name / PO Box: Airport Ave

Owner Suite / Apt: Owner City: Richmond Owner State: VA Owner Zip: 23219

Number of Tanks: 0 Tank Capacity: 1250 Treatment Unit 1: Treatment Unit 2:

Conveyance: Distribution: Dispersal: Disinfection: Visit Date: 11/08/2021

2 records ready to upload

Note that your information has not been submitted yet.

Please click "Submit" below to finalize and complete your submission.

Submit 4

***** VERY IMPORTANT! ***** Do not use the “Back” button in your browser to navigate back and forth through reports you have entered. If you need to check a previous record for accuracy, use the review page. If you need to change a record click the “Edit” button in the review page.

As a reminder, the MyHD website has a 30-minute timeout that will log you out if you are inactive for more than 30 minutes. Reports are not submitted to VDH until you click the “Submit” button, and are not complete until you make payment. Temporarily saved reports from your work session cannot be recovered if they were not submitted prior to logging out.

At this point your records are submitted to VDH, but not paid for. **Note:** only Alternative System Maintenance reports require payment. You will be taken to the payment screen to enter your payment information (see “**Payment**” section below for instructions on how to pay for submitted reports or click [HERE](#) to jump directly to the Payment section).

***** Unpaid Alternative system reports will not be reviewed and approved by VDH staff. *****

Using the Data Wizard to Submit Reports (option #2)

Select "Launch Data Wizard" to start the process of entering reports with this alternative method.



VDH VIRGINIA DEPARTMENT OF HEALTH
Virginia Department of Health
109 Governor Street Richmond, Virginia 23219. | [Visit Official Website](#)

Maintenance Report Submission

Utilize the Direct Entry or Data Wizard below to enter your data either by entering each report separately on the interface. Once complete, it will ask you to verify the information before submitting it. Once you have verified all the information is complete and accurate, the "Data Wizard" will close and you will need to click "Submit" below to submit your reports.

Enter Records Directly **Launch Data Wizard**

Enter your data in the spreadsheet provided.
Bulk add Maintenance Report Submissions

Upload data from file

.csv, .tsv, .txt spreadsheets accepted.

You can upload any .csv, .tsv, .txt file with any set of columns as long as it has
The next step will allow you to match your spreadsheet columns to the right c
be able to clean up or remove any corrupted data before finalizing your repo

...or just manually enter your data here:

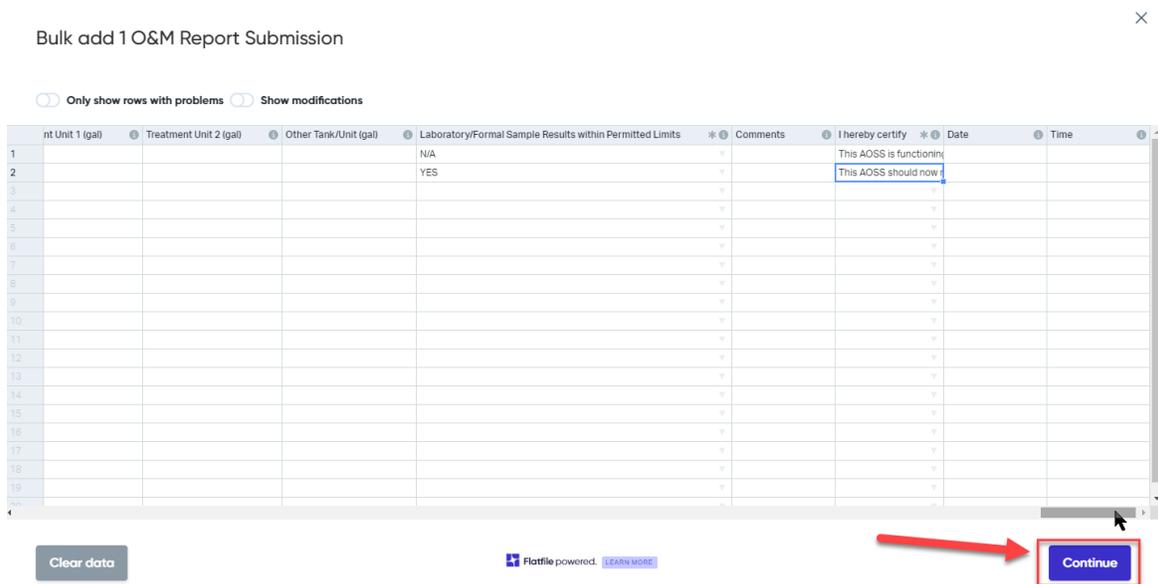
System Location Information > Physical County

System Type	Bldg Number	Street Name	Suite / Apt	City	Physical Cou...	Tax Map / GPIN	Contractor ID

***** VERY IMPORTANT! *****

- Each row represents one report for a site visit. Do not mix multiple sites or reports within a row, or spread a single report over multiple rows.
- An asterisk to the right of the field name means the field is required (see yellow highlight above). The columns labeled "System Type", "Physical County," "Visit Date," "Laboratory/Formal Sample Results within Permitted Limits," (alternative systems only) and "I hereby certify" are required fields. Every report (row) must contain data in these columns in order to submit the report.
- There are multiple columns for entering data related to "Maintenance Needed (1-14)" and "Maintenance Provided (1-14)." These fields have a picklist of 14 options to choose from. Use one column for each type of maintenance activity needed and/or provided at the site.
- Place the mouse cursor on the "i" icon to the right of the field name for a tool-tip of what information is being requested. This information will pop up above the field name (see red outline above). Additional descriptions of the fields can be found in Attachment A at the end of this document.
- A down arrow in the data cell means there is a list of choices in the field to pick from (see orange highlight above).
- Using the Data Wizard spreadsheet to submit reports means that you will need to submit any associated laboratory results separately to local health district staff via email attachment. Do not submit laboratory results to ehdadministrators@vdh.virginia.gov.
- It is not advisable to use the "Upload data from file" option within the Data Wizard, as you will not have the picklist options available to you for the fields, which may create errors if the data you uploaded does not match the acceptable options within the field.

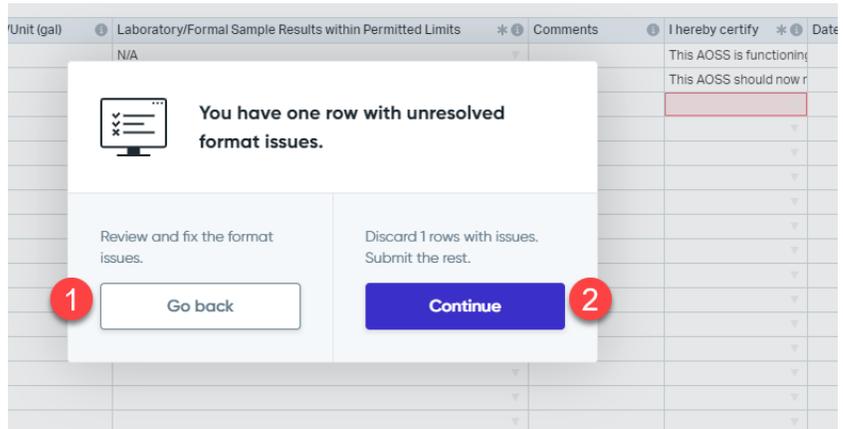
Once you have entered the data for all of the reports you plan to submit, click the "Continue" button on the bottom right corner of the data wizard.



If data has been entered incompletely in certain data fields, you will be asked to:

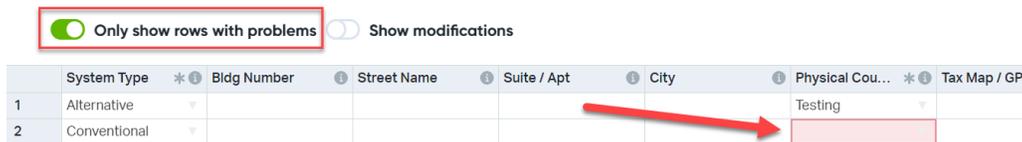
[1] Go back and fix the problem(s) with the data entered, or

[2] Discard the row(s) of data that contains the problem(s) and continue without it.

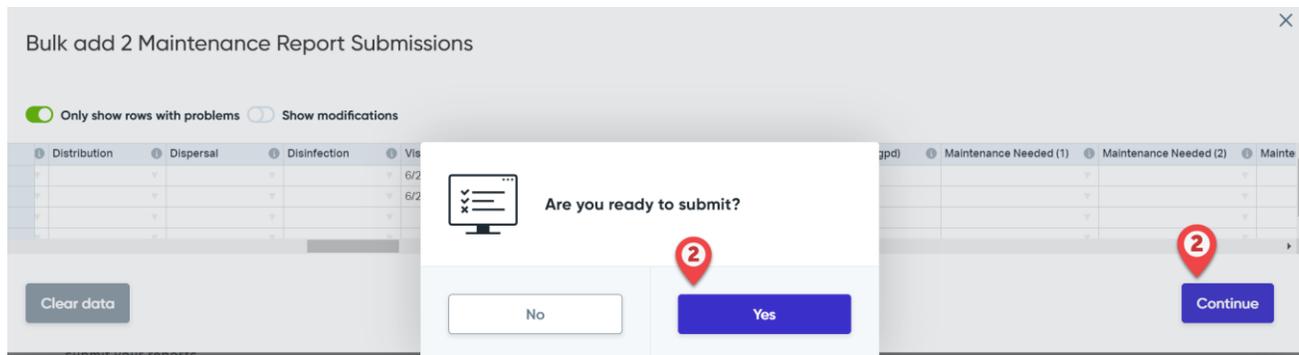


If you have numerous rows of data and are having a hard time finding the problem(s), you can activate the “Only show rows with problems” feature and look for the red-highlighted cells as shown below.

Bulk add 2 Maintenance Report Submissions



Once you have addressed any problems with the report you can click the “Continue” button [1] to close the data wizard. A prompt appears asking, “Are you ready to submit?” Select “Yes” when ready [2]. Selecting “No” allows you to return to edit mode and add data or edit the existing data entered.



The system will display the number of records to be uploaded. Click the “Submit” button to submit your report(s).

Maintenance Report Submission

Utilize the Direct Entry or Data Wizard below to enter your data either by entering information before submitting it. Once you have verified all the information is correct submit your reports.

Enter Records DirectlyLaunch Data Wizard

2 records ready to upload

Note that your information has not been submitted yet.

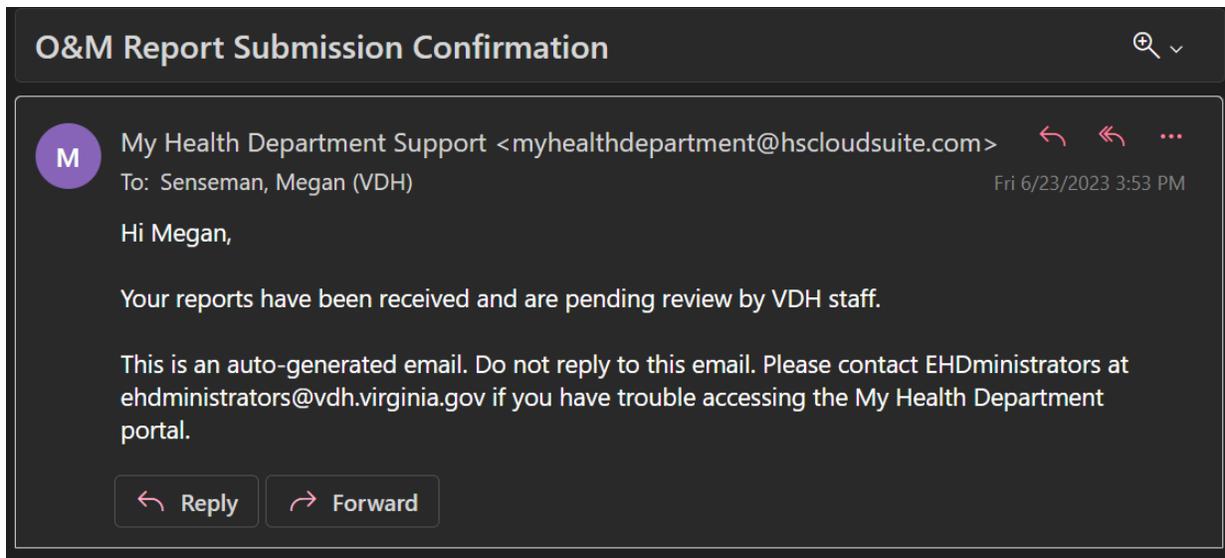
Please click "Submit" below to finalize and complete your submission.

Submit

At this point, your records are submitted to VDH, but not paid for. **Note:** only Alternative System Maintenance reports require payment. You will be taken to the payment screen to enter your payment information (see "**Payment**" section below for instructions on how to pay for submitted reports).

***** Unpaid Alternative system reports will not be reviewed and approved by VDH staff. *****

A confirmation e-mail will be sent to the email registered to your portal account. If you do not receive this email notification, please contact ehdministrators@vdh.virginia.gov.



Payment

Once the reports have been submitted, the system will request payment for any alternative system reports submitted. Users who submit reports through an API connection should be taken to this payment page automatically when they click on the payment link provided by their systems. If they do not receive this link, they can login to their VDH MyHD account and make payment (see ***“Paying for previously submitted reports”*** section below). On the payment page, click on the “Card” button and enter the requested information.

Invoice INV-EO--27246

Invoiced on: December 7, 2021

Status: **UNPAID**

AMOUNT OWED
\$1.00

AMOUNT PAID
\$0.00

Invoice Details

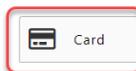
Invoice Line Items

Alternative Onsite Sewage Operation and Maintenance (O&M) Report Fee

\$1.00

TOTAL

\$1.00



Order Information

Amount \$1.00 USD

Invoice 97A49FA6-34BB-86D5-B549-
0FA82D412BE6

Card Information

* Name (as it appears on card)

* Card Number

* Expiration Date /

* CVV2 / CID

Description

Billing Information

* Country

* Address 1

Address 2

* City

* State

* Postal Code

Review the information entered for accuracy, and when ready, click the “Submit” button to make payment.



The system will highlight most errors in red or place an error message next to the field and at the top of the payment form. You will not be able to proceed with payment until the issue is corrected.

The specified "Expiration Date" is an expired date.

Order Information

Amount \$1.00 USD

Invoice BA248C86-EA88-8264-85C8-B3410F5F744E

Card Information

- **Name** (as it appears on card)
- **Card Number**
The Credit Card number must be 15 or 16 digits.
- **Expiration Date** /
- **CVV2 / CID**

If your payment was processed successfully, the page should indicate this message. In addition, the Status should now say "Paid" in green letters and the Total (i.e. the Total Balance Due for the batch) should equal \$0.00.

Invoice INV-EO--27260

Invoiced on: December 9, 2021

Status: PAID

AMOUNT OWED	AMOUNT PAID
\$0.00	1.00

Invoice Details

Invoice Line Items

Alternative Onsite Sewage Operation and Maintenance (O&M) Report Fee	\$1.00
TOTAL	\$0.00

Payment Processed Successfully!

[Return to Dashboard](#) [Logout](#)

NOTE: Card acceptance is predicated on the type of card being presented and the business type accepting the card. MasterCard, Visa, Discover, American Express, and associated debit cards are accepted forms of payment. While most prepaid cards are also accepted by the card processor, it is impossible to be certain, as the number of different types of prepaid cards is always increasing, and is created and monitored by the card brands themselves. In general, the MyHD portal will accept most prepaid credit cards that are tied to a user's name and billing zip code.

You will also receive one confirmation email regarding your payment. If you do not receive this email notification, please contact ehdministrators@vdh.virginia.gov.

O&M Report Receipt 🔍

M My Health Department Support <myhealthdepartment@hscloudsuite.com> ↩️ ↶️ ⋮
To: Senseman, Megan (VDH) Fri 6/23/2023 3:53 PM

Receipt

Date Paid: 06/23/2023
Amount Paid: \$2.00
Receipt ID: REC-EO-12908

Bldg Number:	Street Name/PO Box:
Suite / Apt:	City:
Tax Map / GPIN:	Owner Name:

Submitted On: 06/23/2023 03:47 PM	Street Name/PO Box:
Bldg Number:	City:
Suite / Apt:	Owner Name:
Tax Map / GPIN:	

Submitted On: 06/23/2023 03:47 PM

This is an auto-generated email. Do not reply to this email. Please contact EHDministrators at ehdministrators@vdh.virginia.gov if you have questions.

Paying for previously submitted reports

If you previously submitted reports but didn't pay for them, you can pay for them on a later date through the MyHD website. Log into your MyHD account (<https://myhealthdepartment.com/virginia/>) and click the "Maintenance Report Submission" button.



Welcome Megan!

Last logged in 06/23/2023

Maintenance Report Submission

In the "Maintenance Report Submission" section, you will see a list of all the reports you have previously submitted. Look for any reports or report batches that say, "Pay for # Unpaid Reports" and click on that button. This will take you to the payment page as covered in the Payment section above.

Maintenance Report Submission

Your prior submissions

Submit a New Maintenance Report Submission

	Visit Date	System Type	Visit Purpose	Owner Name	System Location	Physical County	Record Reviewed	Submitted On
Print	06/29/2023	Conventional		fn1	1 street1 suite city11	Testing	Pending Review	06/29/2023 08:46 AM 4 records submitted simultaneously via bulk upload Print 4 Reports Pay for 2 Unpaid Reports
Expand 3 additional rows below								
Print	06/29/2023	Alternative	RoutineScheduled	ownername	9999 testing 629 suite3 city	Testing	Pending Review	06/29/2023 08:20 AM 2 records submitted

*** VERY IMPORTANT! ***

Reports are not considered complete and fully submitted until payment is received. If there are any reports or report batches in the "Recent Submissions" panel that show "Pay for # Unpaid Reports", please complete payment so that VDH staff can complete their review of those reports.

*** Unpaid reports will not be reviewed and approved by VDH staff. ***

Printing Reports and Receipts

If you wish to print a copy of a maintenance submission or a receipt of your payment, you can do so through the MyHD website. Log into your MyHD account (<https://myhealthdepartment.com/virginia/>) and click the “Maintenance Report Submission” button.



Welcome Megan!

Last logged in 06/23/2023

Maintenance Report Submission

In the “Prior Submissions” table, you will see a list of all the reports you have previously submitted.

Reports submitted together are grouped in batches. Click the “Print # Reports” button [1] to simultaneously print or save all of the reports submitted in a batch.

Click the “Print” button [2] within the report summary to print or save individual reports.

Maintenance Report Submission

Your prior submissions

[Submit a New Maintenance Report Submission](#)

	Visit Date	System Type	Visit Purpose	Owner Name	System Location	Physical County	Record Reviewed	Submitted On
	06/29/2023	Conventional		fn1	1 street1 suite city11	Testing	Pending Review	06/29/2023 08:46 AM 4 records submitted simultaneously via bulk upload
▶ Expand 3 additional rows below								
	06/29/2023	Alternative	RoutineScheduled	ownername	9999 testing 629 suite3 city	Testing	Pending Review	06/29/2023 08:20 AM 2 records submitted

If you click on a “Receipt for # Reports” button, it opens a receipt in a new browser tab, and allows you to print or save the payment information.

Submit a New Maintenance Report Submission

	Visit Time	Record Reviewed	Physical County	Submitted On
3		Pending Review	Testing	06/26/2023 11:35 AM 4 records submitted simultaneously via bulk upload Print 4 Reports Receipt for 2 Reports

Attachment A: Descriptions of data entry fields for VDH Maintenance portal

Note: Alternative only fields are highlighted in **Yellow**, Conventional only fields are highlighted in **Blue**.

Field Heading	Field Name	Field Description	Type of Field	Field options
System Type	System Type	The type of system for which you are submitting a report. [REQUIRED field]	Drop Down	Alternative, Conventional
System Location Info	Bldg Number	Building number of the physical address of the onsite sewage system	Number	Custom Text
System Location Info	Street Name/PO Box	Street name of the physical address of the onsite sewage system	Open Text	Custom Text
System Location Info	Suite/Apt	Suite number of the physical address of the onsite sewage system	Open Text	Custom Text
System Location Info	City	City or Town where the onsite sewage system is located	Open Text	Custom Text
System Location Info	Physical County	County where the onsite sewage system is located [REQUIRED field]	Drop Down	List of VA counties
System Location Info	Tax Map/GPIN	Enter any other legal description or property identifier, such as GPIN or Tax Map number.	Open Text	Custom Text
Operator Information	Operator ID	Enter the identification number for onsite sewage contractor.	Open Text	Custom Text
Operator Information	Company Name	The name of company/business the onsite sewage contractor works under.	Open Text	Custom Text
Operator Information	License Number	What is the DPOR license number of the properly licensed operator?	Number	Custom Text
Operator Information	First Name	Licensed Operator's First Name, as it appears on DPOR license	Open Text	Custom Text
Operator Information	Middle Name	Licensed Operator's Middle Name, as it appears on DPOR license	Open Text	Custom Text
Operator Information	Last Name	Licensed Operator's Last Name, as it appears on DPOR license	Open Text	Custom Text
Operator Information	Suffix	Licensed Operator's Suffix	Open Text	Custom Text
Operator Information	Email Address	Onsite sewage contractor's email address (same as the email used to create the portal account)	Open Text	Custom Text
Operator Information	Building Number	Building Number of Licensed Operator's / Company's mailing address	Number	Custom Text
Operator Information	Street Name/PO Box	Street Name of Licensed Operator's / Company's mailing address	Open Text	Custom Text
Operator Information	Suite/Apt	Suite Number of Licensed Operator's / Company's mailing address (if applicable)	Open Text	Custom Text

Field Heading	Field Name	Field Description	Type of Field	Field options
Operator Information	City	City or Town of Licensed Operator's / Company's mailing address	Open Text	Custom Text
Operator Information	State	State of Licensed Operator's / Company's mailing address	Open Text	Custom Text
Operator Information	Zip	5-digit Zip Code of Licensed Operator's / Company's mailing address	Open Text	Custom Text
Operator Information	County	County of Licensed Operator's / Company's mailing address	Open Text	Custom Text
Operator Information	Phone	Licensed Operator's / Company's 7-digit phone number	Phone Number	Custom Text
Owner Information	Owner Name	Property owner's name (Last, First MI)	Open Text	Custom Text
Owner Information	Owner Phone	Property owner's 10-digit phone number	Phone Number	Custom Text
Owner Information	Same as System Info?	Yes or No to auto-populate the Owner Information data from System Location Information	Drop Down	Yes, No
Owner Information	Owner Building Number	Building number of the property owner's mailing address	Number	Custom Text
Owner Information	Owner Street Name/PO Box	Street name of the property owner's mailing address	Open Text	Custom Text
Owner Information	Owner Suite/Apt	Suite number of the property owner's mailing address (if applicable)	Open Text	Custom Text
Owner Information	Owner City	City of the property owner's mailing address	Open Text	Custom Text
Owner Information	Owner State	State of the property owner's mailing address	Open Text	Custom Text
Owner Information	Owner Zip	5-digit zip code of the property owner's mailing address	Open Text	Custom Text
Tank Information	Number of Tanks	Alternative systems only. Number of septic tanks included in the onsite sewage system (prior to treatment unit)	Number	Custom Text
Tank Information	Tank Capacity	Alternative systems only. Total capacity of all septic tanks	Open Text	Custom Text
Tank Information	Treatment Unit 1	Alternative systems only. Make and Model of treatment unit	Open Text	Custom Text
Tank Information	Treatment Unit 2	Alternative systems only. Make and Model of treatment unit	Open Text	Custom Text
Tank Information	Conveyance	Alternative systems only. Method of effluent conveyance from septic tank/treatment unit to dispersal area	Drop Down	Gravity, Pump, Siphon
Tank Information	Distribution	Alternative systems only. Method of equal distribution of effluent to the dispersal area	Drop Down	Gravity, Pressure

Field Heading	Field Name	Field Description	Type of Field	Field options
Tank Information	Dispersal	Alternative systems only. Method of effluent dispersal	Drop Down	Trenches, Pad, Mound, Drip, Discharge
Tank Information	Disinfection	Alternative systems only. Type of disinfection	Drop Down	UV, Chlorination, Not Applicable
Maintenance Activity	Visit Date	Date of the maintenance visit [REQUIRED field]	Date	Use the format MM/DD/YYYY
Maintenance Activity	Visit Time	Time of maintenance visit	Time	Use the format HH:MM AM or PM
Maintenance Activity	Visit Purpose	Alternative systems only. What was the purpose of the Operation and Maintenance visit?	Drop Down	Routine/Scheduled, Follow-Up, Reportable Incident, Initial Visit, Pump-Out Only
Maintenance Activity	Actual/Estimated flow (gpd)	Alternative systems only. What is the actual or estimated gallons per day flowing into the onsite sewage system?	Number	Custom Text
Maintenance Activity	Maintenance Needed (1-14)	ALTERNATIVE SYSTEM VERSION Specify any maintenance of the onsite sewage system required to ensure adequate performance. If more than one kind of Maintenance is needed, use extra columns as needed	Multi-select	Select kind of maintenance needed
Maintenance Activity	Maintenance Provided (1-14)	ALTERNATIVE SYSTEM VERSION Specify any maintenance of the onsite sewage system provided during visit. If more than one kind of Maintenance is provided, use extra columns as needed	Multi-select	Select kind of maintenance provided
Maintenance Activity	Effluent Screen Cleaned	Alternative systems only. Was the effluent filter cleaned during the Operation and Maintenance visit?	Drop Down	YES, NO, N/A
Field Tests	Odor	Alternative systems only. Describe the odor of the effluent during the inspection.	Drop Down	Musty, Sulphitic, Pungent, Septic, None
Field Tests	Turbidity/Color	Alternative systems only. What was the turbidity (visual) of the effluent during the inspection? (Options: clear, cloudy, discolored, dark brown, or black)	Drop Down	Clear, Cloudy, Discolored, Dark Brown, Black
Field Tests	pH	Alternative systems only. What was the pH reading in the effluent during the inspection?	Number	Custom Text
Field Tests	DO in Aeration Tank (mg/L)	Alternative systems only. What was the Dissolved Oxygen in the	Number	Custom Text

Field Heading	Field Name	Field Description	Type of Field	Field options
		aeration tank reading during the inspection? (if applicable)		
Field Tests	Settleable Solids (%)	Alternative systems only. What was the percentage of settleable solids in the treatment tank during the inspection? (if applicable)	Number	Custom Text
Field Tests	TRC After Contact Tank (mg/L)	Alternative systems only. What was the Total Residual Chlorine reading after the contact tank? (if applicable)	Number	Custom Text
Field Tests	Other Test	Alternative systems only. Enter the results of any other field tests conducted during the maintenance visit.	Open Text	Custom Text
Laboratory Tests	Date Collected	Alternative systems only. Enter the date the sample was collected from the onsite sewage system	Date	Use the format MM/DD/YYYY
Laboratory Tests	Collection Point	Alternative systems only. Where in the onsite sewage system was the sample collected?	Drop Down	Sample Chamber, Pump Chamber, Sample Tap
Laboratory Tests	Laboratory Name	Alternative systems only. Enter the name of the certified laboratory where the sample was analyzed.	Open Text	Custom Text
Laboratory Tests	5-Day Biochemical Oxygen Demand (mg/L)	Alternative systems only. What was the 5-day Biochemical Oxygen Demand reading of the sample?	Number	Custom Text
Laboratory Tests	TRC (ppm)	Alternative systems only. What was the Total Residual Chlorine reading of the sample? (if applicable)	Number	Custom Text
Laboratory Tests	Fecal Coliform (CFU/100 mL)	Alternative systems only. What was the Fecal Coliform reading of the sample?	Number	Custom Text
Laboratory Tests	Total Suspended Solids (mg/L)	Alternative systems only. What was the Total Suspended Solids reading of the sample?	Number	Custom Text
Laboratory Tests	Total Nitrogen (mg/L)	Alternative systems only. What was the Total Nitrogen reading of the sample?	Number	Custom Text
Laboratory Tests	Total Phosphorus (mg/L)	Alternative systems only. What was the Total Phosphorus reading of the sample?	Number	Custom Text
Laboratory Tests	Laboratory Results are	Alternative systems only. Are the test results captured in the "laboratory test" questions you have answered for this report, or being mailed in separately to the local health district?	Drop Down	Attached to this report, Will be sent separately

Field Heading	Field Name	Field Description	Type of Field	Field options
Pumpout Details	Sewage Handler Name/Inspector Name	Alternative systems only. Name of sewage handler	Open Text	Custom Text
Pumpout Details	Reason for Pumping	Alternative systems only. Why were the tanks in need of pumping?	Drop Down	Routine/Scheduled, System Overflow, Repair, Other
Pumpout Details	Date Pumped	Alternative systems only. Date pumping occurred	Date	Use the format MM/DD/YYYY
Pumpout Details	Disposal Site	Name of treatment facility the sewage handler disposed of the effluent	Open Text	Custom Text
Pumpout Details	Outcome of Visit	Alternative systems only. What was the outcome of the visit?	Drop Down	Exempt, Inspected, Pumped Out
Pumpout Details	Effluent Returning Back into Tank After Pumping	Alternative systems only. Was effluent flowing back into the tank after the contents of the tank were pumped?	Drop Down	YES, NO
Volume Pumped	Septic Tank 1 (gal)	Alternative systems only. Amount of effluent pumped from the septic tank	Number	Custom Text
Volume Pumped	Septic Tank 2 (gal)	Alternative systems only. Amount of effluent pumped from additional septic tank	Number	Custom Text
Volume Pumped	Pump/Siphon Tank (gal)	Alternative systems only. Amount of effluent pumped from the pump/siphon tank	Number	Custom Text
Volume Pumped	Treatment Unit 1 (gal)	Alternative systems only. Amount of effluent pumped from the treatment unit	Number	Custom Text
Volume Pumped	Treatment Unit 2 (gal)	Alternative systems only. Amount of effluent pumped from additional treatment unit	Number	Custom Text
Volume Pumped	Other tank/Unit (gal)	Alternative systems only. Amount of effluent pumped from any additional tank included in the onsite sewage	Number	Custom Text
Conclusion	Laboratory/Formal Sample Results within Permitted Limits	Alternative systems only. Are the test results of the effluent within the regulatory limits? [REQUIRED field for Alternative Systems only]	Drop Down	YES, NO, N/A
Conclusion	Comments	Enter any additional comments regarding the field and laboratory testing of the effluent.	Open Text	Custom Text
Certification	I hereby certify	ALTERNATIVE SYSTEM VERSION Please enter one of the statement options as certification of the	Drop Down	<i>(NOTE: Field Description continues on next page of table)</i>

Field Heading	Field Name	Field Description	Type of Field	Field options
		<p>Alternative System Maintenance Visit.</p> <p>This AOSS is functioning as designed and in accordance with the performance/maintenance requirements of 12VAC5-613.</p> <p>This AOSS should now return to normal function after having provided the above state routine maintenance.</p> <p>This AOSS is not functioning as designed or in accordance with the performance/maintenance requirements.</p> <p>This alternative discharging system is functioning as designed and in accordance with the performance/maintenance requirements of 12VAC5-640.</p> <p>This alternative discharging system should now return to normal function after having provided the above stated routine maintenance.</p> <p>This alternative discharging system is not functioning as designed or in accordance with the performance/maintenance requirements of 12VAC5-640.</p> <p>[REQUIRED field]</p>		
Certification	I hereby certify	<p>CONVENTIONAL SYSTEM VERSION</p> <p>Please enter one of the statement options as certification of the Conventional System Maintenance Visit.</p> <p>Tank Pumped</p> <p>Effluent filter installed or maintained</p> <p>Tank inspected and determined no pump-out necessary</p>	Drop Down	<i>(NOTE: Field Description continues on next page of table)</i>

Field Heading	Field Name	Field Description	Type of Field	Field options
		Other conventional maintenance performed [REQUIRED field]		
Certification	Date	Enter the date the Operation and Maintenance Report was certified by the licensed operator.	Date	Use the format MM/DD/YYYY
Certification	Time	Enter the time the Operation and Maintenance Report was certified by the licensed operator.	Time	Use the format HH:MM AM or PM
Conventional Maintenance Activity	Visit Purpose	Conventional systems only. What was the purpose of the conventional maintenance visit?	Drop Down	Pump-Out Only, Component Maintenance, Inspection of Lieu of Pump Out
Conventional Maintenance Activity	Maintenance Needed	Conventional systems only. Specify any maintenance of the onsite sewage system required to ensure adequate performance. If more than one kind of Maintenance is needed, use extra columns as needed	Multi-select	Building Sewer, Septic Tank Tees, Pump, Conveyance Line, Distribution Box, Header Lines, Other
Conventional Maintenance Activity	Maintenance Provided	Conventional systems only. Specify any maintenance of the onsite sewage system provided during visit. If more than one kind of Maintenance is provided, use extra columns as needed.	Multi-select	Building Sewer, Septic Tank Tees, Pump, Conveyance Line, Distribution Box, Header Lines, Other
Conventional Pumpout Details	Amount Pumped (gal)	Conventional systems only. Enter the amount pumped from the system in gallons.	Number	